

UNITED STATES DEPARTMENT OF COMMERCE Patent and Trad mark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Weshington, D.C. 20231

APPLICATION NUMBER FILING DATE FIRST NAMED APPLICANT ATTY, DOCKET NO/TITLE

08/599.974

02/14/96

FRIEDMAN

600-1-162CP1

0252/0507

PAUL F FEHLNER KLAUBER & JACKSON 411 HACKENSACK AVENUE HACKENSACK NJ 07601

0000

DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION

05/07/96

- 2. ☑ Additional claim fees of \$ 2222 as a □ large entity, □ small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

 3. □ The oath or declaration:
 □ is missing.
 □ does not cover items omitted at time of execution.

 An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above
- Application Number and Filing Date is required.

 4. □ The oath or declaration does not identify the application to which it applies. An oath or declaration
- 4.

 The oath or declaration does not identify the application to which it applies. An oath or declaration is compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- 5.

 The signature(s) to the oath or declaration is/are:

 missing;

 by a person other than the inventor or a person qualified under 37 CFR 1.42, 1.43, or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- 6. \Box The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

- 7.

 The application was filed in a language other than English. Applicant must file a verified English translation of the application and a fee of \$_____under 37 CFR 1.17(k), unless this fee has already been paid.
- 8. ☐ A \$______processing fee is required since your check was returned without payment. (37 CFR 1.21(m)).
- 9. D Your filing receipt was mailed in error because your check was returned without payment.
- 10. The application does not comply with the Sequence Rules. See attached Notice to Comply with Sequence Rules 37 CFR 1.821-1.825.

11. □ Other.

Direct the response and any questions about this notice to, Attention: Application Processing Division, Special Processing and Correspondence Branch (703) 308-1202.

A copy of this notice <u>MUST</u> be returned with the response.

FORM PTO-1853 (REV. 11-83)

OFFICE COPY